

UNITED STATES DISTRICT COURT
for the
District of Puerto Rico
Civil Rights Division

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Case No. *23-cv-1214 FAB*

(to be filled in by the Clerk's Office)

Yarivette Mojica Hernández)
Plaintiff(s))
(Write the full name of each plaintiff who is filing this complaint.
If the names of all the plaintiffs cannot fit in the space above,
please write "see attached" in the space and attach an additional
page with the full list of names.))

-v-

Jury Trial: *(check one)* Yes No

et. als.)
Defendant(s))
(Write the full name of each defendant who is being sued. If the
names of all the defendants cannot fit in the space above, please
write "see attached" in the space and attach an additional page
with the full list of names. Do not include addresses here.))

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Yarivette Mojica Hernandez		
Address	64 Pedro Pablo Vargas		
	Htallo	PR	00659
County	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Telephone Number	7874134424		
E-Mail Address	y.mojica.law@gmail.com		

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	Hon. Sigrido Steidel en representación de la Administración de		
Job or Title (<i>if known</i>)	Director		
Address	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			
E-Mail Address (<i>if known</i>)			
<input type="checkbox"/> Individual capacity <input type="checkbox"/> Official capacity			

Defendant No. 2

Name	Hon. Pedro Pierluisi en representación de Gobierno de Puerto		
Job or Title (<i>if known</i>)			
Address	<i>City</i>	<i>State</i>	<i>Zip Code</i>
County			
Telephone Number			

E-Mail Address (*if known*)

Individual capacity Official capacity

Defendant No. 3

Name

President John Biden, Gobierno de los Estados Unidos de

Job or Title (*if known*)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (*if known*) Individual capacity Official capacity

Defendant No. 4

Name

Senado del Estado Libre Asociado de Puerto Rico

Job or Title (*if known*)

Presidente

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (*if known*) Individual capacity Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

Amendment I, IV, V, VI, XIII

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

I st, 5th and 8th Amendment. I reserve my right to include any other constitutional rights not mentioned above.

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Constitution of Puerto Rico/ Constitution of United States/ Privacy Act. I reserve my right to include any other legislation not mentioned above.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

My Residence and Office/ Urb Costa Norte D4, Calle Arrecife, Hatillo PR 00659/ 64 Pedro Pablo Vargas, Hatillo PR 00659.

B. What date and approximate time did the events giving rise to your claim(s) occur?

September 2019 to present.

C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

Private, public officials and federal agents has access to my private communications (phone, computers) as part of a judicial nomination. These persons did a disclosure of my privileged communication regarding cases of my private practice of law and personal matters, as relationship and HIPAA protected information, without a warrant.

This information was illegally shared with neighbors, colleges, ex partners and their partners, relatives and other private persons, putting my security at risk.

Using the participation of Jane and John Doe named still confidentially for security purpose. Not with standing, they can be identified by their ip address and their access to my private devices. These people appointed me to places and change narrative while illegally record my conversations, changing narrative an interfering with the nomination process.

With the participations of Unknown federal agents, judges, prosecutors, retired federals and militars employees.

I've been discriminated, persecuted and restricted of my liberty, work, income and properties without a due process of law.

Im also being spied and tortured using the lot system of Luma energy, LLC., with the participation of employeeed and independent contractors.

My private info was also shared with competitors and there were a criminal conspiracy to put me out of business.

Im also being blackmailed for the nomination after denounce this situation and the undue influence in some of the cases of my private practices.

There were also vigilance using drons by private persons violating the aerial space and my intimacy as intimidation.

And with militar intervention and forbidden practices in my civilian place of residence.

As result i have loss personal goods/ income loss/ ilegal depravation of liberty/ violations to my human rights and intimacy. I've been forced to left my home by coercion and intimidation. To later came to the knowledge that was bought by peoples linked to this squeme/plot.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

I Loss of sight/ skin lacerations (body and face) / brain injury/ expose to radiation/ teeths loss/ hearing loss/ damage to hair using quimics without my consent/

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Injunction/ Imprisomment, medical bills, lost of wages, reduced earning capacity, lost of reputation, pain and suferrings, actual and punitive damages ascehding to 10 billions.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 5/13/2023

Signature of Plaintiff



Printed Name of Plaintiff

YARIVETTE MOJICA HERNANDEZ

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address